

KENT COUNTY

Selection of Focus Area

Information routinely gathered by the Communicable Disease staff of the Kent County Health Department reflects an increase in sexually transmitted disease rates, especially Chlamydia, in Kent County in recent years. This information has prompted concern and action by the Health Officer, the Kent County Health Department's Executive Committee, and the School Health Council.



DEMOGRAPHIC OVERVIEW

Estimated Population, by Race – 1998

Total	18,930
White	73.8%
Other	26.2%

Estimated Population, by Age – 1998

Under 1	190	18-44	6,690
1-4	840	45-64	4,460
5-17	3,230	65+	3,520

All causes Mortality Rate (age-adjusted, per 100,000 population) 1996-1998 483.0

Infant Mortality Rate 1995-1999 6.1

Estimated Mean Household Income – 1999 \$60,600

Estimated Median Household Income – 1999 \$42,000

Civilian Unemployment Rate, Annual Average – 1999 3.8

Labor force (Top 4) – 1995

Services	3,500	Manufacturing	1,000
Retail Trade	1,700	Government (Federal, Military)	900

Sources: Maryland Vital Statistics, 1999
Maryland Department of Planning, 1995, 1998, 1999

Reducing Sexually Transmitted Diseases (STDs) in Teens

Problem

Sexually Transmitted Disease (STD) rates, especially chlamydia, have escalated in Kent County in recent years. Increased rates reflect only those who have symptoms or are contacts of symptomatic cases

Determinants

The adolescent propensity for risk-taking behaviors necessarily lends itself to sexual experimentation, although there does appear to be a growing trend toward abstinence. This sexual experimentation, when coupled with the use of mind-altering chemicals, easily leads to situations which include unprotected sex as well as multiple sex partners. Efforts to address these issues have met with some success: research indicates that the most effective school-based programs are comprehensive ones which include an emphasis on abstinence and condom use. However, of the estimated 15 million new cases of STDs identified annually in the United States, approximately four million occur in the adolescent population.

Chlamydia is a newly emergent bacterial STD that attacks the high school and early college age group almost exclusively. Fifty percent of infected males have some urinary tract symptoms; females are usually asymptomatic. It is easily diagnosed by the non-invasive Ligase Chain-Reaction (LCR) urine test and easily treated with a single dose of Zithromax (concomitant gonorrhea responds to a single dose of Suprax). Chlamydia can cause long-term complications, like gonorrhea, but its presence also indicates that its victims are having unprotected sex, thereby inviting the spread of HIV in that vulnerable population.

Chlamydia rates throughout Maryland have risen from 160.8 per 100,000 population in 1996 to 173.8 in 1998. For Kent County, the rate has gone from 175.7 to 209.9 for the same period. Although ranked last in total population, Kent ranks ninth in chlamydia rates.

Twenty percent of the Kent County cases came to the Kent County Health Department from the Washington College student population. Additional data documented cases among at least 60 high school-age males and females in Kent, Caroline, and Queen Anne's counties. One female in Caroline County named 33 contacts, a Kent County female named 19, and a Queen Anne's female named 11. Contact among the three groups was evident.

Objective 1 - By 2010, establish an efficient clinical system to diagnose, treat, and prevent chlamydia and gonorrhea infection among middle and high school students of Kent County.

Action Steps

- ⇒ Meet with local officials (especially school and health) to establish the clinical system needed to diagnose chlamydia.
- ⇒ Establish a process for procuring needed supplies to offer the Ligase Chain-Reaction (LCR) urine test or other appropriate urine testing.
- ⇒ Determine the procedure for mailing specimens to designated testing lab.

Objective 2 - By 2010, the rates of chlamydia will not be more than 2% of the adolescent population. (Baseline: a peak rate of 20% is expected in the first year, reduced to 5% by the end of the third year and staying 2%, thereafter.)

Action Steps

- ⇒ The School Health Council will develop the content of a pamphlet defining sexual activity, describing the chlamydia epidemic, and directing teens to sources of LCR or other appropriate urine testing, disease treatment, and prevention.
- ⇒ Final approval for the pamphlet will rest with the Board of Education and the County Health Officer.
- ⇒ Pamphlets will be available in all school health suites and libraries and through private physicians.
- ⇒ Educate diagnosed cases to the dangers of unprotected sex.

Objective 3 - By 2010, establish a library of informational pamphlets on the various consequences associated with sexual activity.

Action Steps

- ⇒ Provide such informational pamphlets in the health suites of the county high school and middle schools.
- ⇒ Provide such informational pamphlets in the libraries of the County high school and middle schools.

Objective 4 - By 2010, a system will be in place to introduce the pamphlets and their contents to all ninth grade health classes.

Action Steps

- ⇒ Provide in-service training to all teachers and guidance personnel who deal with these topics/issues.
- ⇒ Host a community forum to discuss the topics/issues and educate parents and the general public on the problems associated with the epidemic.
- ⇒ Repeat efforts annually with other special target groups, including teen pregnancy prevention clients, guidance counselor referrals, mental health and addiction counselors, and others.

Objective 5 - By 2010, the LCR or other appropriate diagnostic urine test will be given as a routine part of every sports physical and other adolescent examination. Current efforts include voluntary testing only.

Action Steps

- ⇒ Provide LCR test kits to all health suites in the County high school and middle schools.
 - ⇒ Meet with all private physicians/nurse practitioners to encourage them to administer the LCR diagnostic urine tests to all adolescents in their practices and to educate them to the need for reporting positive test results for treatment and contact tracking.
 - ⇒ Provide LCR diagnostic urine test kits to all private physicians/nurse practitioners in the County.
-

Partners

Kent County Board of Education • Kent County Health Department • Kent County Local Management Board • Kent County School Health Council

References

- Batteiger, B. E., Jones, R. B. (1987, March). Chlamydial infections. *Infectious Diseases Clinics of North America*, 1 (1), 55-81.
- Burstein, G. R., Waterfield, G., Joffe, A., Zenilman, J. M., Quinn, T. C., Gaydos, C. A. (1998, September). Screening for gonorrhea and chlamydia by DNA amplification in adolescents attending middle school health centers: Opportunity for early intervention. *Sexually Transmitted Diseases*, 25 (8), 395-402.
- Center for Disease Control and Prevention. (1993). Recommendations for the prevention and management of Chlamydia trachomatis infections. *Morbidity and Mortality Weekly Report, Reports and Recommendations*, 42 (RR-12), 1-39.
- Chacko, M. R., Lovchik, J. C. (1984, June). *Pediatrics*, 73 (6), 836-40. Chlamydia trachomatis infection in sexually active adolescents: prevalence and risk factors.
- Cohen, D. A., Nsuami, M., Brooks, B., Martin, D. H. (1999, December). School-based screening for sexually-transmitted diseases. *Journal of the Louisiana State Medical Society*, 151 (12), 617-21.
- Cohen, D. A., Nsuami, M., Etame, R. B., Tropez-Sims, S., Abdalian, S., Farley, T. A., Martin, D. H. (1998, January). A school-based Chlamydia control program using DNA amplification technology. *Pediatrics*, 101 (1), E1.
- Hillis, S. D., Coles, F. B., Litchfield, B., Black, C. M., Mojica, B., Schmitt, K. (1998, January). Doxycycline and azithromycin for prevention of chlamydia persistence or recurrence one month after treatment in women: A use-effective study in public health settings. *Sexually Transmitted Diseases*, 25 (1), 5-11.
- Kinghorn, G. R., Waugh, M. A. (1981, June). Oral contraceptive use and prevalence of infection with Chlamydia trachomatis in women. *British Journal of Venereal Diseases*, 57 (3), 187-90.
- Oh, M. K., Cloud, G. A., Baker, S. L., Pass, M. A., Mulchahey, K., Pass, R. F. (1993, January/February). Chlamydia infection and sexual behavior in young pregnant teenagers. *Sexually Transmitted Diseases*, 20 (1), 45-50.
- Oh, M. K., Feinstein, R. A., Pass, R. F. (1988, January). Sexually transmitted diseased and sexual behavior in urban adolescent females attending a family planning clinic. *Journal of Adolescent Health Care*, 9 (1), 67-71.

Cross-Reference Table for Kent County

See Also

Child and Adolescent Health	33
HIV	65
Sexually Transmitted Diseases.....	126